A STUDY OF DETERRENTS TO LOW-INCOME PATIENTS SEEKING CARE AT GRADY HOSPITAL'S PRENATAL AND INFANT CARE CLINIC

A THESIS

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LEON VIRGIL WHITFIELD

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DEDICATION

To The Poor Everywhere

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L.V.W.

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CHAPTER I

INTRODUCTION

Significance of the Study

The significance of this study lies in the fact that "one-half of American women who have their babies in public hospitals get no prenatal care whatever."[1] The results point to a relationship between sufficient prenatal care and success in pregnancy and delivery. Monahan and Spencer state that:

> The association of adequacy of prenatal care to outcome of pregnancy has been well established by studies which have shown significant statistical association between lack of prenatal care to prematurity and infant mortality.[2]

Another association has been found to exist between sufficient prenatal care and income in that the majority of the victims are from low-income groups. Many times low income has been the causal factor in prematurity and mortality, both maternal and infant. Hunt and Huyck state:

> Infant mortality and related health problems are concentrated in relatively deprived socio-economic areas and socio-ethnic groups. In a rough way, the effects of socio-economic factors on health levels can be seen in comparisons among high, middle and low per capita income

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[1]Sylvia Porter, "U.S. Health Gap," Cincinnati Post-Time Star, January 29, 1968, p.36.

[2]H. Monahan and E. Spencer, "Deterrents to Prenatal Care," Children, IX, No.3 (May-June, 1962), 114-19.

(1961-1963) group of states in respect to infant mortality.[3]

Stated in another way, the mortality rate for pregnant mothers in depressed areas of the United States is six times the national average. In infant mortality rates, this country ranks fifteenth after nations such as Australia, Iceland, France and Belgium. In some counties in the United States, infant mortality rates are three times higher than the national average.[4]

Statistics show that in the last three decades, maternal mortality (death while pregnant) has declined from 61 percent to 3.6 percent per 10,000 live births in 1963. The reduction since 1933 is 96 percent among white mothers and 90 percent among nonwhite. In 1964, the maternal death rate declined from 8.3 percent to a new low of 3.3 percent per 10,000 births for the nation.[5]

Even though there has been a marked decline in the death rate, there seems to be a considerable gap in maternal morbidity among white and nonwhite mothers. Dr. Lesser comments by saying:

> While the percent reduction in maternal mortality among the whites and nonwhite mothers is approximately equal, the relative difference between the two groups has increased. Three decades ago the nonwhite rate was approximately twice the white rate. In 1963, the rate was 2.4 per cent for white mothers and 9.7 per cent for nonwhite. The difference between the highest and the

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[3]Eleanor P. Hunt and Earl E. Huyck, "Mortality of White and Nonwhite Infants in Major U.S. Cities," Indicators (Washington: Department of Health, Education and Welfare), January, 1966, p.31.

[4]Porter, op.cit.

[5]Arthur J. Lesser, "Current Problems of Maternity Care," The First Jessie M. Bierman Annual Lecture in Maternal and Child Health (Washington: U.S. Department of Health, Education, and Welfare, 1964), p.42.

> lowest state maternal mortality rates was also considerable in 1963, 9.1 percent per 10,000 as compared with 0.6 per 10,000.[6]

Somewhat similar statistics are found in infant mortality of which Dr. Lesser says:

> In 1963, the cities of 500,000 or more had an infant mortality rate of 26.8, well above the national average of 25.2 In the rural parts of non-metropolitan counties, the rate was as high as 27.4 . The range among the states was considerable, the highest infant mortality state being 41.3 per cent per 1,000 live births and the lowest state rate being 18.6.[7]

Although the national average for infant mortality is 25.2 percent, there exists a tremendous gap between white and nonwhite rates. For example, in 1950, the difference was 66 percent. Fourteen years later, in 1964, the gap had widened to 90 percent. The rate for nonwhite infants mortality in 1964 was 41.1 per 1,000 live births. The year 1941 represents the last year the white rate was as high.[8]

A high concentration of cases are found in poverty neighborhoods in urban areas of 500,000 population and over. A special study of health problems in New York City shows the relationship of health problems to poverty.

> Sixteen poverty areas were identified on the basis of low income and high frequency of social problems relative to the rest of the city...births out-of-wedlock 3.8 times as high, too little or too late prenatal care coupled with maternal mortality more than twice as high, "low birth weight" babies and infant death rate 1.6 times as high.[9]

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[6] Ibid.

[7] Ibid., p.42.

[8] Hunt and Huyck, op.cit.

[9] Ibid., p.23.

In the city of Chicago, it was revealed that there existed in 1963, in the highest income census track, an infant mortality rate of 15.4 and in the lowest income and class census track the rate was 33.8 percent.[10]

In Oakland, California, a study shows a positive correlation between infant and fetal mortality and low socioeconomic areas. For instance, in the low-income areas, the mortality rate was more than double the rate of the high socioeconomic area.[11]

It seems that the lack of income influences the lack of prenatal care, which, in turn, influences prematurity and infant and maternal mortality. There is evidence that other factors relate to prematurity and morbidity such as poor nutrition (which could be financial), short intervals between pregnancies, internal complications, emotional and psychological disturbances, etc.

As we have examined some of the effects of the lack of prenatal care, the researcher would like to turn the reader's attention to the causes or deterrents to prenatal care as found in related studies. Consider, for example, four studies conducted in California during the period from 1954 to 1958.

In April, 1954, the Los Angeles County General Hospital authorized a study to determine the causes to deterrents of prenatal care. A social work consultant on the state staff interviewed 413 mothers to find out how much prenatal care they had received and why certain mothers had received little or none. Some of the highlights from the summary of this study were that 51 of the 413 mothers interviewed had not been to a

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[11] Ibid.

doctor of a clinic during the current pregnancy. This group consisted of the less educated, the older aged, the users of public transportation and women who lacked prenatal care in a previous pregnancy.[12]

A second study was carried out by a social worker at the University of California School of Social Welfare, Berkeley, California. The study sought to determine the reasons why 435 of the 3,948 San Jose residents who gave birth to live babies during 1958 had had no prenatal care or had deferred seeking care until the third trimester of pregnancy. These mothers were found more often to be teenagers having their first babies, women who have had four or more children and mothers over forty years of age.

A sample of 30 mothers was selected for individual interviews to attempt to determine whether a relationship existed between the trimester in which prenatal care was begun and social factors such as established residence, knowledge of resources, educational level, religion and ethnic group. The individual interviews pointed out that out of the 30 women, all except three were markedly dissatisfied with the hospital's prenatal care clinic. Their complaints in order of frequency were: (1) "Social workers do not talk nice to you"; (2) "Can't see a doctor right away"; (3) "Wait in the clinic too long"; and (4) "Too hard to get there by bus by eight o'clock when you have to get someone to stay with the children."[13]

The third study was conducted in 1958. The Los Angeles City Health conducted a survey to determine the extent of prenatal care among county hospital maternity patients and to identify the geographical areas and

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[12] Monahan and Spencer, op.cit.

[13] Ibid.

sociocultural groups where unmet needs are greatest. The motivating factors for this study were that the hospital's prenatal mortality rate was 60 percent higher than the rate in the rest of the country and the infant mortality rate for nonwhites (who are predominant among county hospital patients) had risen steadily since 1954. The survey was based on a sample of 928 residents of the City of Los Angeles who gave birth at Los Angeles County Hospital or at the University of California Hospital.

The study revealed that seven out of ten county hospital maternity patients had received insufficient prenatal attention and two out of ten had received no prenatal care at all. The identifying factors that seemed to be the obstacles to adequate care were: 25 percent of the mothers who had made fewer than five prenatal visits for care said they did not feel prenatal care was important; 19 percent said they did not know about the free clinics; 25 percent cited care of children and 10 percent cited employment as reasons they had not gone for care more often. An additional 34 percent named a variety of other obstacles too vague to be categorized.[14]

The fourth study is one conducted in 1956 by the California State Department of Public Health, which revealed that one out of every eight newborns in California is delivered in a county hospital. The data in this study were collected through personal visits by a physician and/or social worker from the state health department. They visited every local health department, county hospital and local welfare department having a medical care program. Information was obtained from a total of 93 pre-

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[14] Ibid.

natal clinics.

The net result of this study was the documentation of three major unsolved problems: the inadequacy of the quality of prenatal care received by the patients of county hospitals; the obstacle of eligibility requirements for prenatal care; and the failure of many expectant mothers to seek prenatal care.[15]

Statement of the Problem

The problem of premature births is on the rise as pointed out by Lesser who states that:

> Aside from the complications of pregnancy leading to maternal death, the major maternal morbidity problem is premature delivery. Prematurity (by birth weight) has increased from seven and seven tenths per cent of all births in 1960 to eight and two tenths per cent in 1963....The apparent rise is associated with the increase in the population of births that are nonwhite with the increase in births to women aged fifteen to nineteen (in 1950 they constituted eighteen per cent of all births, in 1962 it was twenty-seven percent) and other factors all relates directly or indirectly with income.[16]

At Grady Memorial Hospital, Atlanta, Georgia, it was pointed out by Drs. Wright and Swarthout that:

> Maternal mortality at Grady, 1949 through 1961, was twelve and one tenth per cent per 10,000 births. The national figure in 1960 was three and seven tenths per cent. The prenatal mortality rate during 1960 to 1962 for white and nonwhite deliveries was thirty-eight and four tenths per cent and forty-one and seven tenths respectively. Premature births represented sixteen and five tenths per cent of all deliveries. In 1961 the perinatal mortality rate was thirty-four and five tenths per cent and premature births represented seven and nine tenths per cent of all deliveries. A premature infant is three times as likely to be mentally retarded. He is also more likely to have palsy, be blind or otherwise damaged. It is predicted that

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[15] Ibid.

[16] Lesser, op.cit., p.42.

a severely mentally retarded instutitionalized child can cost the tax-payers $150,000 during his lifetime.[17]

Again, at Grady, it is estimated that approximately 7,000 women deliver yearly. From this number approximately 900 are classified as "non-clinic patients." This classification is described as those women who did not receive any prenatal care during their pregnancy. Also, out of the 7,000 is a large number who delayed seeking prenatal care until the second and third trimester of their pregnancy. There is a high incidence of prematurity and infant and maternal mortality among the two groups: non-clinic and those seeking care late in the second and third trimester.

This study is concerned with why some low-income expectant mothers fail to seek early prenatal care.

Hypotheses

This thesis presents a study of a number of selected factors concerning the behavior of expectant mothers in either obtaining or not obtaining prenatal care. More specifically, the study seeks to identify, establish and examine factors that will explain why some expectant mothers wait until late in their pregnancies to obtain prenatal care or, for that matter, do not seek prenatal care at all prior to delivery.

1. Lack of funds or lack of knowledge that treatment is free to those who are otherwise unable to pay. Often it is difficult for members of the low-income group (general hospital's clientele) to find means of paying for medical treatment. When this is the case, many times the

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[17]"Are We Having Too Many Babies?" Atlanta Journal and Constitution, October 3, 1965, pp.8-9.

would-be patients are not aware that treatment in this instance is free, if they are otherwise unable to pay for it.

2. Indifference caused by hospital staff. It is believed that many patients are alienated through the patients being treated in an undignified manner by the hospital staff.

3. Lack of awareness of the need for care. Because of low education levels, limited environs, the investigator feels that many of these patients are not aware of the relationship between prenatal care and a safe delivery.

4. Need for a baby-sitter. The investigator assumes that many of the patients have other small children at home, necessitating arrangements to be made for a baby-sitter when a visit needs to be made to the clinic. This factor involves attitudes around leaving children in the care of someone else, and the patient's ability to pay for a baby-sitter.

5. Employment. It is the assumption that many of the patients will be employed and that taking time off to visit the prenatal clinic would result in either loss of job, loss of time or decrease in earnings.

Purpose of the Study

The purpose of this study is to show some of the basic characteristics of those seeking care at Grady Memorial Hospital's prenatal and infant care clinic. Also, to determine, based on the research findings, why some expectant mothers seek prenatal care late or not at all.

Method of Procedure

This will be a comparative study utilizing the experimental design. In pursuit of the purposes of the study, an interview schedule was designed and constructed to obtain data through face-to-face interviews.

The sample consisted of 150 women who had delivered and were convalescing in the post-partum area of Grady Hospital. Two groups were used: a control group made up of 53 women who were in Grady's Maternal and Infant Care Project and/or who had sought prenatal care in the first trimester; an experimental group of 97 women who were classified as patients in the regular obstetric clinic and who had sought prenatal care in the second or third trimester or not at all.

The instrument was administered between July 8 and August 8, 1967. The patients were interviewed between the second and fourth day after delivery.

Scope and Limitations

Time was the major deterrent which prevented this study from being a more extensive one and thus yielding more value by increasing the sample. However, the researcher feels that whatever is found in this sample will be found in greater proportion within a larger sample.

At the outset of this study, it was projected that the sample would consist of 300 subjects, or one third of the non-clinic patients. However, due to the time factor, the sample had to be reduced to 150 subjects or one half of the projected 300. Rather than confine the sample to non-clinic patients, the sample was then expanded to include some regular obstetric patients and special obstetric patients (patients in the Maternity and Infant Care Project).

Locale of the Study

The data were collected at Grady Memorial Hospital, 80 Butler Street, Atlanta, Georgia, a public hospital supported by Fulton and DeKalb

County tax funds to serve those medical patients who are unable to provide for themselves treatment from a private doctor and in a private hospital.

The sample consisted of women patients being treated in both the special obstetric clinic (Maternal and Infant Care Project, funded by the Children's Bureau, United States Department of Health, Education, and Welfare, and Grady funds) and the regular obstetric clinic.

Approximately 30 percent of the 7,000 pregnant women seen annually are assigned to the special clinics where their multiple medical and obstetric problems are investigated as thoroughly as possible.

The goals of the project are to:

> ...reduce the incidence significantly in Atlanta of mental retardates. This will be done by decreasing the incidence of prematurity in the Grady population as well as by prevention of pregnancies among those most likely genetically to produce dead or damaged infants.[18]

The project's personnel consists of a Project Director, a Pediatric Project Director, an Assistant Project Director, an Administrative Assistant, Liaison Nurses, Nutritionists, Social Workers, etc. The latter three categories attempt to help the patients cope with the social, economic and medical problems as they are encountered.[19]

The regular obstetric clinic treats the patients who do not encounter multiple medical and obstetric problems as the patients in the Maternal and Infant Care Project.

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[18]W. Newton Long, M.D., "A Description of the High Risk Pregnancy Project at Grady Memorial Hospital," Journal of the Medical Association, Georgia, LV, No.12 (December, 1966),497-99.

[19]Ibid.

CHAPTER II

ANALYSIS OF DATA

Presentation and Interpretation of Findings

This section of the thesis presents the findings of the study by describing the tests of the items and presenting interpretations of the results of these tests.

The interview schedule was designed to gather responses to 35 items that the investigator felt would afford tests for the hypotheses, and, as a result, prove or disprove their validity. Each item in the interview schedule is considered relevant to the purpose of the study; however, due to limitations as expressed in Chapter I (Scope and Limitations) only 25 of the 35 items will be used for analysis. All the items in the interview schedule were devised as a result of reviewing literature pertinent to this study.

All data was collected by the investigator through face-to-face interviews with 150 women convalescing in the post-partem area at Grady Memorial Hospital. Two groups were used: a control group consisting of 53 women who were in Grady's Maternal and Infant Care Project and/or who sought prenatal care in the first trimester; and an experimental group consisting of 97 women who were classified as patients in the regular obstetric clinic and who had sought prenatal care in the second and third trimester.

The items have been grouped into three categories: characteristics

of interviewees, characteristics related to pregnancy, and deterrents to prenatal care. The first category consists of items such as: age and ethnic characteristics; marital status; whether the interviewee was born in Atlanta; how long she has lived at her present address; grade completed in school; age on leaving school; and her means of support during pregnancy.

In the second category, "characteristics related to pregnancy," an attempt was made to group four items -- bearing the first child; number of children, trimester pregnancy was discovered, and trimester doctor was first seen -- that the investigator felt had a relationship to each other.

The third category, "deterrents to prenatal care," consists of deterrents as expressed by the interviewees and factors hypothesized by the investigator to be tested as deterrents, such as whether the woman was employed during pregnancy; whether there was a baby-sitter available for the woman if she needed one; whether the interviewee was aware of the clinic's existence; whether she was aware of free treatment if she was unable to pay for; whether the interviewee encountered problems in getting to the clinic; whether she encountered problems in attempting to get admitted to the clinic; whether she experienced negative attitudes from the staff at the hospital; whether she had to wait before being able to see a doctor; whether she had heard that it was difficult to see a doctor at the hospital; whether she felt, based on her experiences, that it was difficult to see a doctor; whether the interviewee wanted her pregnancy kept a secret; and what was the most convenient period of the day -- morning, noon or late afternoon -- for her to visit the clinic.

The percentage base for the control group is 53; for the experimental

group, the base is 97; and for the total women studied, the percentages are calculated on a base of 150. All percentages are rounded off to the nearest whole number.

Age Distribution of Women in the Study

In the control group, 30 percent of the women were between the ages of 14 and 19. The highest percentage in this group existed in the age range of 20 to 24; 39 percent of the women in the control group were within this age range. Thirteen percent were between the ages of 25 and 29; 9 percent were in the 30 to 34 age range, and 9 percent were within the range of 35 to 39. There were none in the 40 and over category (see Table 1).

In the experimental group, 37 percent of the women were within the 14 to 19 age range, the highest of the experimental group. Thirty percent were in the age range of 20 to 24; 19 percent of the women were within the age range of 25 to 29; 10 percent were between 30 and 34 years of age, and 3 percent were within the range of 35 to 39 years of age. One percent was in the 40 and over category.

A total of 52, or 35 percent, of the 150 women studied were in the age range of 14 to 19. Forty nine, or 33 percent, were in the age range of 20 to 24; 25, or 17 percent, were within the range of 25 to 29 years. Fifteen, or 10 percent, were in the age range of 30 to 34; 8, or 5 percent, were from the 35 to 39 age range and one was 40 and over.

Ethnic Group of Women in the Study

The control group was 89 percent Negro and 11 percent white, whereas the experimental group showed 85 percent Negro, 13 percent white and 2

TABLE 1

PERCENTAGE DISTRIBUTION OF AGE, BY CONTROL AND EXPERIMENTAL GROUPS

Age Range	Control		Experimental		Total both groups	
	Number	Percent	Number	Percent	Number	Percent
14-19	16	30	36	37	52	35
20-24	20	39	29	30	49	33
25-29	7	13	18	19	25	17
30-34	5	9	10	10	15	10
35-39	5	9	3	3	8	5
40 and over	0	0	1	1	1	0
Total	53	100	97	100	150	100

percent other. There was a total of 129, or 86 percent, Negro women and 19, or 13 percent, white women studied. Two, or one percent, were classified as other (neither Negro nor white) (see Table 2).

Marital Status of Women in the Study

Sixty-eight percent of the women in the control group were married. In the experimental group, there was 46 percent who were married. The next significant category was that of the single woman. In the control group, 17 percent of the women were single, whereas in the experimental group, 35 percent of the women were single.

A total of 81, or 54 percent, of both the control and experimental groups were married. Thirteen, or 9 percent, were divorced, 5, or 3

TABLE 2

PERCENTAGE DISTRIBUTION OF CONTROL AND EXPERIMENTAL GROUPS BY ETHNIC GROUP

Ethnic Group	Control		Experimental		Total both groups	
	Number	Percent	Number	Percent	Number	Percent
Negro	47	89	82	85	129	86
White	6	11	13	13	19	13
Other	0	0	2	2	2	1
Total	53	100	97	100	150	100

were widowed; 42, or 28 percent, were single, and two, or one percent, of the women were living under common-law arrangements. (See Table 3.)

Percentage of Women Born in Atlanta

To the item: Were you born in Atlanta? 43 percent of the control group and 43 percent of the experimental group answered "yes," whereas 57 percent of the control and experimental group answered "no." The percentage of the two groups was the same in both categories of responses.

A total of 65, or 43 percent, of the women studied were born in Atlanta; 85, or 57 percent, stated they were not born in Atlanta. (See Table 4.)

Length, in Terms of Months, of Residence at The Same Address

Table 5 shows that 46 percent of the women in the control group had

TABLE 3

PERCENTAGE DISTRIBUTION OF CONTROL AND EXPERIMENTAL GROUPS, BY MARITAL STATUS

Marital Status	Control		Experimental		Total of both groups	
	Number	Percent	Number	Percent	Number	Percent
Married	36	68	45	46	81	54
Divorced	6	11	7	7	13	9
Widowed	0	0	5	5	5	3
Separated	2	4	5	5	7	5
Single	9	17	33	35	42	28
Common-law	0	0	2	2	2	1
Living with male friend	0	0	0	0	0	0
Total	53	100	97	100	150	100

TABLE 4

PERCENTAGE DISTRIBUTION OF CONTROL AND EXPERIMENTAL GROUPS, BY BIRTH IN ATLANTA

Born in Atlanta	Control		Experimental		Total of both groups	
	Number	Percent	Number	Percent	Number	Percent
Yes	23	43	42	43	65	43
No	30	57	55	57	85	57
Total	53	100	97	100	150	100

lived at the present address 24 months or more. Twenty-five percent had lived at the present address 5 months or less; 19 percent had lived at the present address from 6 to 11 months; 8 percent from 12 to 17 months; and 2 percent had lived at the present address for 18 to 23 months.

In the experimental group, 33 percent were residents of the present address for 24 months or more. Thirty-three percent had resided at the present address for 5 months or less; 29 percent had resided at the present address between 6 and 11 months; 3 percent between 12 to 17 months; and 2 percent had resided for 18 to 23 months at the present address.

In the totals for both groups 45, or 30 percent, had lived at the present address 5 months or less. Thirty-eight, or 25 percent, had lived at the present address from 6 to 11 months. Seven, or 5 percent, had lived at the same address between 12 and 17 months; 4, or 3 percent, had lived at the present address between 18 and 23 months, while 56, or 37 percent, had lived at the present address two years or more (see Table 5).

Education

In the control group, only 30 percent of the women had reached as high as the ninth grade. In the experimental group, the percentage was a bit higher -- 38 percent. Forty-one percent in the control group left school between the tenth and eleventh grades, while 44 percent of the experimental group had left somewhere between the tenth and eleventh grades. To view it another way, 71 percent of the women in the control group were dropouts and 82 percent of the experimental group were dropouts.

TABLE 5

PERCENTAGE DISTRIBUTION OF CONTROL AND EXPERIMENTAL GROUPS, BY LENGTH IN MONTHS LIVING AT PRESENT ADDRESS

Months living at present address	Control		Experimental		Total both Groups	
	Number	Percent	Number	Percent	Number	Percent
0 - 5	13	25	32	33	45	30
6 - 11	10	19	28	29	38	25
12 - 17	4	8	3	3	7	5
18 - 23	2	2	2	2	4	3
24 or more	24	46	32	33	56	37
Total	53	100	97	100	150	100

Twenty-one percent of the control group were high school graduates; 18 percent of the experimental group were high school graduates. Eight percent of the control had had some college, none of the experimental group had been to college.

Three, or 2 percent, of the total women studied had spent from one to six years in school; 50, or 33 percent, had left school between the seventh and ninth grades; 65, or 43 percent, had reached grades ten or eleven, and 28, or 19 percent, were high school graduates. Four, or 3 percent had had some college (see Table 6).

Age Leaving School

The data show none leaving school between the ages of 10 and 13 in

TABLE 6

PERCENTAGE DISTRIBUTION OF CONTROL AND EXPERIMENTAL GROUPS, BY GRADES COMPLETED IN SCHOOL

Years Spent In School	Control		Experimental		Total Both Groups	
	Number	Percent	Number	Percent	Number	Percent
1 - 6	1	2	2	2	3	2
7 - 9	15	28	35	36	50	33
10 - 11	22	41	43	44	65	43
High School grad.	11	21	17	18	28	19
Some College	4	8	0	0	4	3
Total	53	100	97	100	150	100

the control group; however, in the experimental group, 12 percent had left school between the ages of 10 and 13 years of age. In the age group between 14 and 17, the control group shows 70 percent leaving school, whereas the experimental group shows 78 percent. In the age group between 18 and 21 years of age, the control group had 30 percent leaving school. There was 10 percent leaving at that age in the experimental group.

A total of 12, or 8 percent, of the 150 women studied had left school between the ages of 10 and 13; 112, or 75 percent, had left school between the ages of 14 and 17; and 26, or 17 percent, had left school between the ages of 18 and 21 (see Table 7).

Means of Support During Pregnancy

Of the 66 percent responding in the control group, 48 percent

TABLE 7

PERCENTAGE DISTRIBUTION OF CONTROL AND EXPERIMENTAL GROUPS, BY AGE AT THE TIME OF LEAVING SCHOOL

Age Leaving School	Control		Experimental		Total Both Groups	
	Number	Percent	Number	Percent	Number	Percent
10 - 13	0	0	12	12	12	8
14 - 17	37	70	75	78	112	75
18 - 21	16	30	10	10	26	17
Total	53	100	97	100	150	100

stated that they were supported by their husbands during pregnancy. Eight percent responded that they were supported by their parents; 2 percent by relatives; 4 percent by the baby's father and 4 percent were supported through public welfare.

In the experimental group, there were responses to the extent of 65 percent. Of this number, 32 percent stated that they were supported by their husbands and 19 percent were supported by their parents (more than half the number in the control group). Three percent of the experimental group was supported by relatives; 4 percent by the baby's father; 3 percent was on welfare and 4 percent had support from other sources not listed. Thirty-four percent of the control group and 35 percent of the experimental group did not respond to this item.

A total of 57, or 38 percent, of the women stated that they were supported by their husbands during pregnancy; 22, or 15 percent, stated

support by parents; 4, or 3 percent, stated support by relatives; 6, or 4 percent,stated support by baby's father; 5, or 3 percent, stated public welfare as a means of support, and 4, or 3 percent, said their support came from other sources not listed. Fifty-two, or 34 percent, did not respond to this item (see Table 8).

Bearing the First Child

Twenty-eight percent of the control group and 29 percent of the experimental group said this was their first child. Seventy-two percent of the control group and 71 percent of the experimental group had given birth at one other time.

Forty-three, or 29 percent, of the 150 women studied were having their first child, whereas 107, or 71 percent, said this was not their first child (see Table 9).

Number of Children by Percentage of Women

There was approximately 73 percent of women with children at home in the control group. Of this 73 percent, 4 percent had more than 10 or more children; 2 percent had 9 children; 4 percent had 8 children; 4 percent had 7; 8 percent had 6 and 5 respectively; 4 percent had 4 children; 11 percent had 3; 26 percent had 2; and 2 percent had one child.

In the experimental group there was approximately 66 percent women with one or more children. Twenty-three percent had 2 children; 13 percent had 3; 7 percent had 4; 5 percent had 5; 8 percent had 6; 3 percent had 7; 2 percent had 8 and 9, respectively; and 3 percent had 10 or more children. Twenty-eight percent of the control group and 47 percent of the experimental group did not respond to this question.

TABLE 8

PERCENTAGE DISTRIBUTION OF MEANS OF SUPPORT DURING PREGNANCY, BY CONTROL AND EXPERIMENTAL GROUPS

Means of Support	Control		Experimental		Total Both Groups	
	Number	Percent	Number	Percent	Number	Percent
Husband	26	48	31	32	57	38
Parents	4	8	18	19	22	15
Relatives	1	2	3	3	4	3
Baby's Father	2	4	4	4	6	4
Public Welfare	2	4	3	3	5	3
Other	0	0	4	4	4	3
No Response	18	34	34	35	52	34
Total	53	100	97	100	150	100

TABLE 9

PERCENTAGE DISTRIBUTION OF WOMEN BEARING THEIR FIRST CHILD, BY CONTROL AND EXPERIMENTAL GROUPS

First Child	Control		Experimental		Total of Both Groups	
	Number	Percent	Number	Percent	Number	Percent
Yes	15	28	28	29	43	29
No	38	72	69	71	107	71
Total	53	100	97	100	150	100

Of the 150 women studied, one had one child; 36, or 24 percent, had two children; 19, or 14 percent, had three children, 9, or 6 percent, had four children; 9, or 6 percent had five children; 12, or 8 percent, had six children; 5, or 3 percent had seven children; 4, or 3 percent had eight children; 3, or 2 percent, had nine children, and 5, or 3 percent had ten or more children. Forty-seven, or 31 percent, did not respond to this item (see Table 10).

Trimester in Which Pregnancy Wad Discovered

Ninety-eight percent of the women in the control group discovered their pregnancies in the first trimester. Two percent of the pregnancies were discovered in the second trimester. Eighty-six percent of the experimental group discovered their pregnancies in the first trimester and 14 percent were discovered in the second trimester.

Of the 150 women studied, 135, or 90 percent, discovered they were pregnant during the first trimester; 15, or 10 percent, discovered their pregnancy in the second trimester. By the third trimester all were aware that they were pregnant. (See Table 11.)

Trimester in Which Doctor Was First Seen During Pregnancy

In the control, 81 percent of the women saw a doctor during the first trimester of their pregnancy. None of the women in the experimental group saw a doctor in the first trimester. Nineteen percent of the control group saw a doctor in the second trimester, whereas 66 percent of the experimental group saw a doctor in the second trimester.

Also, in the experimental group, there was 34 percent of the women who saw a doctor in the third trimester for the first time during their

TABLE 10

PERCENTAGE DISTRIBUTION OF WOMEN WITH NUMBER OF CHILDREN, BY CONTROL AND EXPERIMENTAL GROUPS

Number of Children	Control		Experimental		Total Both Groups	
	Number	Percent	Number	Percent	Number	Percent
1	1	2	0	0	1	0
2	14	26	22	23	36	24
3	6	11	13	13	19	14
4	2	4	7	7	9	6
5	4	8	5	5	9	6
6	4	8	8	8	12	8
7	2	4	3	3	5	3
8	2	4	2	2	4	3
9	1	2	2	2	3	2
10 or more	2	4	3	3	5	3
No Response	15	28	32	33	47	31
Total	53	100	97	100	150	100

TABLE 11

PERCENTAGE DISTRIBUTION OF CONTROL AND EXPERIMENTAL GROUPS, BY TRIMESTER IN WHICH PREGNANCY WAS DISCOVERED

Discovery of Pregnancy	Control		Experimental		Total Both Groups	
	Number	Percent	Number	Percent	Number	Percent
Trimester						
First	52	98	83	86	135	90
Second	1	2	14	14	15	10
Third	0	0	0	0	0	0
Total	53	100	97	100	150	100

pregnancy. All the women in the control group saw a doctor before the third trimester.

Forty-six, or 29 percent, of the 150 women studied saw a doctor in the first trimester; 74, or 49 percent, saw a doctor in the second trimester, and 33, or 22 percent, saw a doctor in the third trimester. None of the women in the experimental group sought prenatal care in the first trimester whereas none of the women in the control group waited until the third trimester to seek prenatal care. (See Table 12.)

Deterrents as Expressed by Women Who Sought Care in the Second and Third Trimester

Thirteen percent of the control group and 39 percent of the experimental group stated that they did not see the need for prenatal care. "Kept postponing seeing a doctor" was stated by 13 percent of the experi-

TABLE 12

PERCENTAGE DISTRIBUTION OF CONTROL AND EXPERIMENTAL GROUPS, BY TRIMESTER WHEN DOCTOR WAS FIRST SEEN DURING PREGNANCY

Doctor First Seen	Control		Experimental		Total Both Groups	
	Number	Percent	Number	Percent	Number	Percent
Trimester						
First	43	71	0	0	43	29
Second	10	19	64	66	74	49
Third	0	0	33	34	33	22
Total	53	100	97	100	150	100

mental group as the deterrent preventing them from seeking prenatal care earlier; whereas in the control group none of the women saw this as a deterrent factor. In the experimental group, 9 percent of the women stated they did not have the money to pay clinic charges for prenatal care, whereas in the control group, none of the women saw inability to pay as a deterrent to their seeking care.

Eight percent of the women in the experimental group stated that they were working and their jobs kept them from seeking prenatal care earlier. There was none in the control group who gave working as a deterrent to early prenatal care. Two percent of the control group and 7 percent of the experimental group did not know they were pregnant in the first trimester. Six percent of the experimental group needed a baby-sitter,whereas none in the control group gave needing a baby-sitter

as a deterrent. Five percent in the experimental group were having family problems during pregnancy, which deterred them from seeking early prenatal care; none of the women in the control group gave family problems as a deterrent.

Two percent of the control group and 5 percent of the experimental group said that lack of transportation was the factor which prevented them from seeking care in the first trimester of pregnancy. Two percent of the women in the control group and 4 percent of the women in the experimental group said they were too young to get treatment without their parents being informed of their pregnancy. Three percent of the experimental group stated that they could not get a hospital medical card; none of the women in the control group gave this factor as a deterrent. One percent, or one person, in the experimental group stated she did not know how to go about seeking prenatal care.

Eighty-one percent of the women in the control group sought prenatal care in the first trimester; whereas all of the women in the experimental group waited until the second or third trimester to seek care.

A total of 44, or 30 percent, of the 150 women studied did not see the need for prenatal care; 12, or 9 percent, kept postponing seeking care; 9, or 6 percent, stated that they did not have the money to pay for treatment; 8, or 5 percent, were working; 8, or 5 percent, were not aware that they were pregnant; 6, or 4 percent, stated that they needed a baby-sitter; 5, or 3 percent, said they were having family problems; 6, or 4 percent, did not have transportation to the clinic; 5, or 3 percent, said they were too young to get treatment without their parents becoming aware of their pregnancy; 3, or 2 percent, were unable to secure a hospital

medical card. One interviewee stated that she did not know how to go about seeking care and 43, or 29 percent, of the total women studied sought prenatal care in the first trimester of their pregnancy. All were from the control group (see Table 13).

Trimester in Which Women Were Employed During Pregnancy

There were more women in the control group employed -- 13 percent, or 7, of the 53 women during the first trimester than in the experimental group -- 11 percent, or 11, women out of 97. In the second trimester, 16 percent of the experimental group were employed, whereas the control group had only 9 percent employed. The third trimester had 11 percent working while expecting in the control group, and 10 percent in the experimental group worked while pregnant. Sixty-seven percent of the control group and 63 percent of the experimental group were not employed during pregnancy.

A total of 18, or 12 percent, of the women worked during the first trimester of their pregnancy. Twenty-one, or 14 percent, were employed during the second trimester, and 16, or 11 percent, worked during the third trimester. Ninety-five, or 63 percent, were unemployed during pregnancy (see Table 14).

Baby-Sitter Availability

Approximately 72 percent of the control group needed a baby-sitter when having to visit the clinic for prenatal care. Of this 72 percent, 9 percent had a baby-sitter available, whereas 63 percent did not have one available. The experimental group showed 67 percent needing a baby-sitter. Twelve percent said they had a baby-sitter available; 55 percent

TABLE 13

PERCENTAGE DISTRIBUTION OF STATED DETERRENTS TO PRENATAL CARE OF WOMEN WHO SOUGHT CARE IN THE SECOND OR THIRD TRIMESTER, BY CONTROL AND EXPERIMENTAL GROUPS

Deterrents	Control		Experimental		Total Both Groups	
	Number	Percent	Number	Percent	Number	Percent
Did not see need	7	13	37	39	44	30
Kept Putting It Off	0	0	12	13	12	9
Did not have the Money	0	0	9	9	9	6
Working	0	0	8	8	8	5
Unaware of Pregnancy	1	2	7	7	8	5
Baby-Sitter needed	0	0	6	6	6	4
Family Problems	0	0	5	5	5	3
Lack of Transportation	1	2	5	5	6	4
Too Young to get Treatment without Parent	1	2	4	4	5	3
Unable to get a Medical Card	0	0	3	3	3	2
Did not know how to go about seeking care	0	0	1	1	1	0
Sought care in first trimester	43	81	0	0	43	29
Total	53	100	97	100	150	100

TABLE 14

PERCENTAGE DISTRIBUTION OF CONTROL AND EXPERIMENTAL GROUPS, BY TRIMESTER IN WHICH WOMEN WERE EMPLOYED DURING PREGNANCY

Employed	Control		Experimental		Total Both Groups	
	Number	Percent	Number	Percent	Number	Percent
Trimester						
First	7	13	11	11	18	12
Second	5	9	16	16	21	14
Third	6	11	10	10	16	11
Not Employed	35	67	60	63	95	63
Total	53	100	97	100	150	100

of this group did not have a baby-sitter available. Twenty-eight percent in the control group and 33 percent of the experimental group were having their first child.

Of the 150 women studied, 17, or 11 percent, stated they had a baby-sitter available, whereas 86, or 57 percent, said they did not have a baby-sitter available. Forty-seven, or 37 percent, stated that they were having their first child, therefore, a baby-sitter was not needed. (See Table 15.)

Percentage of Women Who Knew the Clinic Existed

In the control group, there was 94 percent of the women who were aware of the clinic. Eighty-four percent in the experimental group were aware of the clinic; 16 percent in the experimental group were not aware

TABLE 15

PERCENTAGE DISTRIBUTION OF WOMEN WHO HAD A BABY-SITTER AVAILABLE WHEN IN NEED TO GO AND SEE A DOCTOR, BY CONTROL AND EXPERIMENTAL GROUPS

Baby-Sitter Available	Control		Experimental		Total Both Groups	
	Number	Percent	Number	Percent	Number	Percent
Yes	5	9	12	12	17	11
No	33	63	53	55	86	57
First Child	15	28	32	33	47	32
Total	53	100	97	100	150	100

of the clinic, whereas in the control group only 6 percent were not aware.

Of the 150 women studied in both groups, 131, or 87 percent, were aware of the prenatal clinic, whereas 19, or 13 percent, were unaware of the clinic's existence (see Table 16).

Percentage of Women Who Were Aware of Free Treatment at the Clinic

Eighty-nine percent of the women in the control group were aware that free treatment was available if they could not afford to pay for it; 11 percent of the women were not aware of free treatment. In the experimental group, 75 percent had knowledge of the free treatment available and 25 percent had no knowledge.

Of the 150 women studied, 120, or 80 percent, were aware that treatment was free to those who were otherwise unable to pay for it. Thirty, or 20 percent, were not aware that they could get free treatment

TABLE 16

PERCENTAGE DISTRIBUTION OF WOMEN AWARE OF CLINIC'S EXISTENCE, BY CONTROL AND EXPERIMENTAL GROUPS

Knowledge of Clinic's Existence	Control		Experimental		Total Both Groups	
	Number	Percent	Number	Percent	Number	Percent
Yes	50	94	81	84	131	87
No	3	6	16	16	19	13
Total	53	100	97	100	150	100

if they were unable to pay for it (see Table 17).

Percentage of Women Who Encountered Obstacles in Getting to the Clinic

Of the control group, 23 percent stated that they had problems getting to the clinic. Seventy-seven percent stated they encountered no problems in getting to the clinic. Thirty-four percent of the experimental group encountered problems, whereas 66 percent had no problems.

Forty-five, or 30 percent, of the 150 women studied stated they encountered problems in getting to the clinic, whereas 105, or 70 percent, did not encounter problems in getting to the clinic (see Table 18).

Percentage of Women Who Encountered Problems in Being Admitted to the Clinic

Of the women in the control group, 2 percent said they had run into problems in being admitted to the clinic. Of the women in the experimental group, 7 percent stated that they encountered difficulties. Of the

TABLE 17

PERCENTAGE DISTRIBUTION OF WOMEN WHO WERE KNOWLEDGEABLE OF FREE TREATMENT, BY CONTROL AND EXPERIMENTAL GROUPS

Knowledgeable of Free Treatment	Control		Experimental		Total Both Groups	
	Number	Percent	Number	Percent	Number	Percent
Yes	47	89	73	75	120	80
No	6	11	24	25	30	20
Total	53	100	97	100	150	100

TABLE 18

PERCENTAGE DISTRIBUTION OF WOMEN WHO ENCOUNTERED PROBLEMS GETTING TO THE CLINIC, BY CONTROL AND EXPERIMENTAL GROUPS

Encountered Problems	Control		Experimental		Total Both Groups	
	Number	Percent	Number	Percent	Number	Percent
Yes	12	23	33	34	45	30
No	41	77	64	66	105	70
Total	53	100	97	100	150	100

total women studied, 8, or 5 percent, encountered difficulties in attempting to get admitted to the clinic, whereas 142, or 95 percent, did not run into any problems in getting admitted to the clinic (see Table 19).

TABLE 19

PERCENTAGE DISTRIBUTION OF WOMEN WHO RAN INTO PROBLEMS IN GETTING ADMITTED TO THE CLINIC, BY CONTROL AND EXPERIMENTAL GROUPS

Encountered Problems in getting Admitted	Control		Experimental		Total Both Groups	
	Number	Percent	Number	Percent	Number	Percent
Yes	1	2	7	7	8	5
No	52	98	90	97	142	95
Total	53	100	97	100	150	100

Percentage of Women Who Experienced Negative Attitudes While Seeking Treatment at the Hospital

Four percent of the women in the control group and 5 percent of the women in the experimental group said that they had experienced negative attitudes from the staff while seeking treatment at the clinic. Seven, or 5 percent, of the 150 women studied experienced negative attitudes, whereas 143, or 95 percent, did not experience negative attitudes from clinic and hospital staff (see Table 20).

Percentage of Women Having to Wait Before Seeing a Doctor at the Clinic

In the control group, 25 percent of the women had to wait before they could keep their appointment with a clinic doctor. Sixteen percent of the women in the experimental group stated they had to wait before seeing a doctor. Of the 150 women studied, 29, or 19 percent, stated they had to wait before seeing a doctor, whereas 121, or 81 percent, stated

TABLE 20

PERCENTAGE DISTRIBUTION OF WOMEN WHO EXPERIENCED NEGATIVE ATTITUDES FROM THE CLINIC AND HOSPITAL STAFF WHILE SEEKING TREATMENT, BY CONTROL AND EXPERIMENTAL GROUPS

Experienced Negative Attitudes	Control		Experimental		Total Both Groups	
	Number	Percent	Number	Percent	Number	Percent
Yes	2	4	5	5	7	5
No	51	96	92	95	143	95
Total	53	100	97	100	150	100

they did not have to wait before seeing a doctor (see Table 21).

TABLE 21

PERCENTAGE DISTRIBUTION OF WOMEN WHO HAD TO WAIT BEFORE SEEING A DOCTOR AT THE CLINIC, BY CONTROL AND EXPERIMENTAL GROUPS

Waited to See a Doctor	Control		Experimental		Total Both Groups	
	Number	Percent	Number	Percent	Number	Percent
Yes	13	25	16	16	29	19
No	40	75	81	84	121	81
Total	53	100	97	100	150	100

Percentage of Women Who Had Heard It Was Difficult to Get An Appointment to See a Doctor at the Clinic

In the control group, 30 percent of the women stated they had heard it was difficult to get an appointment to see a doctor at the clinic, whereas in the experimental group 18 percent stated that they had heard it was difficult to get an appointment. Of the 150 women studied, 33, or 22 percent, had heard it was difficult to get an appointment to see a doctor, whereas 117, or 78 percent, had not heard it was difficult to see a doctor at the clinic (see Table 22).

TABLE 22

PERCENTAGE DISTRIBUTION OF WOMEN WHO HEARD IT WAS DIFFICULT TO GET AN APPOINTMENT TO SEE A DOCTOR AT THE CLINIC, BY CONTROL AND EXPERIMENTAL GROUPS

Heard it was Difficult to See a Doctor	Control		Experimental		Total Both Groups	
	Number	Percent	Number	Percent	Number	Percent
Yes	16	30	17	18	33	22
No	37	70	80	82	117	78
Total	53	100	97	100	150	100

Percentage of Women Who Said It Was Difficult For Them to See a Doctor at the Clinic

Of the women in the control group, 17 percent stated that they would say it was difficult to see a doctor at the clinic, whereas in the experimental group, only 5 percent stated that they would say it was difficult to see a doctor at the clinic.

Of the 150 women studied, 14, or 9 percent, stated that they would say it was difficult to see a doctor at the clinic, whereas 136, or 91 percent, said that it was not difficult to see a doctor at the clinic (see Table 23).

TABLE 23

PERCENTAGE DISTRIBUTION OF WOMEN WHO FELT IT WAS DIFFICULT TO SEE A DOCTOR AT THE CLINIC, BY CONTROL AND EXPERIMENTAL GROUPS

Would Say it Was Difficult to See a Doctor	Control		Experimental		Total Both Groups	
	Number	Percent	Number	Percent	Number	Percent
Yes	9	17	5	5	14	9
No	44	83	92	95	136	91
Total	53	100	97	100	150	100

Percentage of Women Wanting Pregnancy to Be Kept Secret

Nine percent of the women in the control group wanted their pregnancies kept secret, whereas 91 percent did not. Twenty-one percent of the women in the experimental group wanted their pregnancies kept secret and 79 percent did not. Of the total women studied, 25, or 17 percent, wanted their pregnancies kept secret whereas 125, or 83 percent, felt they had nothing to hide (see Table 24).

Percentage of Women Choosing Morning, Noon and Late Afternoon as Most Convenient Time for Visiting the Prenatal Clinic

In the control group, 68 percent stated that morning appointments

TABLE 24

PERCENTAGE DISTRIBUTION OF WOMEN WHO WANTED PREGNANCY KEPT SECRET, BY CONTROL AND EXPERIMENTAL GROUPS

Wanted Pregnancy Kept Secret	Control		Experimental		Total Both Groups	
	Number	Percent	Number	Percent	Number	Percent
Yes	5	9	20	21	25	17
No	48	91	77	79	125	83
Total	53	100	97	100	150	100

were most convenient. Sixty-four percent of the experimental group felt that morning appointments were best. Twenty-six percent of the control group felt that around noon was the most convenient time, while in the experimental group, 16 percent felt this way. Six percent of the control group chose the late afternoon as the most convenient, whereas 20 percent of the experimental group felt that the late afternoon was a more convenient time.

Ninety-eight, or 65 percent, of the 150 women studied felt that the morning period would be most convenient to them to attend the prenatal clinic; 30, or 20 percent, felt that around noon would be most convenient; and 22, or 15 percent, chose the late afternoon as the most convenient period for making clinic appointments (see Table 25).

TABLE 25

PERCENTAGE DISTRIBUTION OF CONTROL AND EXPERIMENTAL GROUPS, BY PERIODS OF THE DAY WHEN IT IS MOST CONVENIENT TO VISIT THE PRENATAL CLINIC

Most Convenient Periods	Control		Experimental		Total Both Groups	
	Number	Percent	Number	Percent	Number	Percent
Morning	36	68	62	64	98	65
Noon	14	26	16	16	30	20
Late Afternoon	3	6	19	20	22	15
Total	53	100	97	100	150	100

CHAPTER III

SUMMARY AND CONCLUSION

Review of the Study

This study has attempted to examine a number of selected factors which it is felt influenced the behavior of two groups of low-income expectant mothers in either seeking early prenatal care or late prenatal care from the obstetric clinic of a large public hospital located in a Southern urban area.

The basic question to be answered is why some low-income expectant mothers failed to seek early prenatal care when available, in view of the causality found to exist between low income, prematurity of infants and infant mortality, as well as the mortality rate for pregnant mothers in low-income depressed areas, which is six times that of the national average.

Other studies of this same phenomenon, cited elsewhere, have indicated that these low-income expectant women tend to have the following characteristics: less education than the average population; lacked prenatal care in previous pregnancies, which seemed to be a pattern; young age of expectant mothers, which is between the ages of 14 and 24; lack of knowledge of available resources; their newness to urban ways and settings and the lack of feeling that prenatal care is important.

In an effort to identify and examine selected factors which served as deterrents to these mothers seeking early prenatal care, a questionnaire

was developed and tested on a group of 150 women comprised of 53 women being treated in a high risk or special maternity and infant care project designed to prevent these mothers from having abnormal deliveries, and 97 women who were classified as regular obstetric patients. The former classification of women was designated as the control group, and the latter as the experimental group. Material was gathered by face-to-face interviews with all 150 subjects.

A summarization of the results from the test items, of which there were twenty-five, is listed below:

Findings of the Study

It can be concluded from the study that two thirds (101 out of 150) of the participants in the study were young mothers within the ages of 14 and 24. This also indicates that, proportionately, the clinics are serving a young population.

One can speculate, as a result of the findings, that a large number of the citizens using the clinic's services are Negroes; 86 percent, or 129, of the 150 women studied were Negroes.

More than half (54 percent) of the women were married; more than half (57 percent) were born outside of Atlanta. A little more than one third (37 percent) had lived at their present address for two years or more, whereas one third had lived at the present address less than six months.

It seems that of the 150 women studied, 74 percent dropped out of school somewhere between the seventh and eleventh grades. Seventy-five percent had left school between the ages of 14 and 17. A little over

one third of the women (38 percent) were supported by their husbands. One would suspect that a large number of the sample would have been supported by the welfare, but only 3 percent of the 150 women studied were on welfare.

More than two thirds of the 150 women studied had given birth before, in fact, nearly one third (24 percent) had had two children. Ninety percent of the women had discovered that they were pregnant in the first trimester of their pregnancy. Forty-nine percent of the 150 women had seen a doctor in the second trimester. Sixty-six percent in the experimental group and only 19 percent in the control group had waited until the second trimester before seeking prenatal care.

The main deterrent to prenatal care as expressed by the patients was that they did not see the need to seek care earlier. Thirty percent of the 150 women studied were in this category; 39 percent of the experimental group as compared to only 13 percent of the control group. Nine percent of the total number of women studied kept postponing seeking care; they were all in the experimental group. It can be concluded that the main deterrents as expressed by the women studied were centered around education and motivation.

Forty-seven percent of the 150 women studied were employed at some time during their pregnancies. There is no significant difference in the percentages of employed in the two groups -- 33 percent of the control group as compared to 37 percent of the experimental group. More than one half (57 percent) of the women studied did not have a baby-sitter available when needing to visit a doctor. A little more than one half (55 percent) of the experimental group and nearly two thirds of the control

group were in need of a baby-sitter.

Sixteen percent of the experimental group as compared to 6 percent of the control group were aware that the prenatal care clinic existed. Twenty-five percent of the experimental group and 11 percent of the control group did not know that the treatment was free if they were otherwise unable to pay for it.

Thirty-four percent of the women in the experimental group encountered problems getting to the clinic, as compared to 23 of the control group. Only 7 percent of the women in the experimental group encountered problems in getting admitted to the clinic and only 2 percent in the control group encountered problems in being admitted. Five percent of the women in the experimental group and 4 percent in the control group experienced negative attitudes from the hospital and clinic staff.

Twenty-nine percent of the 150 women studied had to wait before seeing a doctor; 16 percent of the experimental group, as compared to 25 percent of the control group.

Eighteen percent of the experimental group as compared to 16 percent of the control group had heard it was difficult to see a doctor at the clinic; however, only 5 percent of the experimental group and 9 percent of the control group felt it was difficult. Twenty-one percent of the experimental group as compared to only 9 percent of the control group wanted their pregnancies kept secret.

Ninety-eight, or 65 percent, of the 150 women studied preferred to make clinic visits during the morning period. Sixty-four percent, or 62, of the women in the experimental group as compared to 68 percent, or 36, of the women in the control group preferred morning visits.

The following are the conclusions of the five basic hypotheses tested:

1. Lack of funds or lack of knowledge that treatment is free to those women who are otherwise unable to pay.

As a projected deterrent, data indicates only 9 percent of the experimental group cited lack of funds as a problem, while none of the control group did. Twenty-five percent of the experimental group lacked knowledge that treatment was free if they were otherwise unable to pay, while 11 percent in the control group were lacking this knowledge.

The results indicate that the first hypothesis was not shown to be a major deterrent in seeking early prenatal care and indeed ranked third by the subjects.

2. Indifference caused by hospital or clinic staff.

None of the women in the control and experimental groups cited indifference caused by hospital or clinic caused them not to seek prenatal care early. However, in Table 20, 5 percent of the women in the experimental group and 2, or 4 percent, in the control group said they had experienced negative attitudes from the hospital or clinic staff.

The above analysis indicates that although 5 percent of the 150 women studied experienced negative attitudes, the percentage is rather small when compared to 95 percent who did not experience negative attitudes; therefore, the investigator feels safe in saying that indifference caused by hospital and clinic staff was a factor in only a small percentage of the total women studied and it cannot be termed a major deterring factor among them.

3. Lack of awareness of the need for care.

Among the factors preventing the women from seeking care, "did not see the need"ranked highest. Thirty-nine percent of the women of the experimental group and 13 percent of the control group said they did not see the need to seek prenatal care. Obviously, the major factor preventing these women from seeking care involved their lack of awareness of the need for prenatal care.

4. Need for a baby-sitter.

In the experimental group (Table 15) 55 percent needed and did not have a baby-sitter when making a visit to the clinic and 63 percent of the control group were in need of a baby-sitter.

Among the factors preventing the women from seeking prenatal care as stated by them (see Table13) only 4 percent of the 150 women studied said they were deterred from seeking care because of the lack of a baby-sitter. This factor ranked fifth in order of stated deterrents, and does not seem to be a large factor in preventing the subjects from obtaining prenatal care.

5. Employment.

It was hypothesized that many of the patients would be employed during pregnancy and as a result some of them would be inclined not to seek prenatal care because of either loss of job, loss of time or decrease in earnings.

Table 14 (trimester in which women were employed during pregnancy) shows that 37 percent of the women in the experimental group as compared to 33 percent of the control group were employed during some period of their pregnancy. Of the 150 women studied, 37 percent were employed during the first trimester, second trimester or third trimester of their

pregnancy.

Among the deterrents stated by the women who postponed seeking care beyond the first trimester, 8 percent said they were working and their jobs kept them from seeking care earlier. All of these were in the experimental group. Working, as a deterrent, accounted for only 5 percent of the total number of women studied and ranked fourth among deterrents to prenatal care as stated by the women.

Based on the findings it can be stated that employment acted as a factor in preventing a small percentage of the women studied from seeking early prenatal care.

Recommendations

Based on the findings of the study that the two major deterrents to prenatal care were (1) "did not see the need" and"kept postponing" seeking care, the investigator makes the following recommendations:

1. That an education program be launched in the low-income areas designed to inform the poor on the importance of seeking prenatal care early. This can be done primarily through existing community organizations involved in servicing the poor and through the mass media.
2. That a program aimed at motivating low-income expectant mothers be initiated, designed to eliminate the problems which tend to prevent those low-income expectant mothers from seeking prenatal care during the first trimester. The program should seek to erase all factors which have a tendency to produce low motivation, such factors as: inability to get a hospital medical card; too young to be treated without being accompanied by a

parent; needing a baby-sitter; negativism caused by the hospital and clinic staff; and having to wait long periods before seeing a doctor.

The investigator feels that a viable program in the areas of education and motivation would serve the best interests of those involved and the community at large.

APPENDIX

INTERVIEW SCHEDULE

Time interview started ___

Time interview ended _____

Date _____

A Study of Deterrents to Low-Income Patients Seeking Care at Grady's Prenatal and Infant Care Clinic

1. Interview number ___

2. Name: _____
Last First Middle

3. Address: _____
Number Street City State

4. Age: _____

5. How long have you lived at the present address?
(Months) 1. 0-6 ( ) 2. 6-12 ( ) 3. 12-18 ( )
4.18-24( ) 5. More than two years ( )

6. Were you born in Atlanta? 1. Yes ( ) No ( )

If no,(a) Where did you live before moving to Atlanta?

1. Georgia ( ) _____
Specify

2. Out-of-State ( ) _____
Specify

7. Racial Group:

1. Negro ( ) 2. White ( ) 3. Other _____
Specify

8. Marital Status:

1. *Married ( ) 2. Separated ( ) 3.* Widowed ( )
2. *Divorced ( ) 5. Single ( ) 6. Common-law ( )
7. Living with boyfriend ( )

* If married, divorced, widowed

8. Number of years married _____ Specify

9. Number of times married _____ Specify

9. How far did you go in school?

1. 0 - 6 ( ) 2. 7-9 ( ) 3. 10-11 ( )
4. High school graduate ( ) 5. College ( ) X. Unknown ( )

10. How old were you when you left school? _____ Specify

11. Did you work before you got pregnant? 1.*Yes ( ) 2. **No ( )

a. *If yes -- 1. What kind of work did you do? _____
2. What was your weekly income? _____
3. How much do you pay for rent? _____ Monthly
4. How much do you pay for food? _____ Weekly

b.**If no, what means of support did you have?
1. Husband ( ) 2. Parents ( )
3. Relative ( ) 4. Baby's father ( )
5. Public Welfare ( ) 6. Other ( )

12. Did you work at any time during your pregnancy?
1. *Yes ( ) 2. ** No ( )

*If yes (a) How many months? _____
(b) Could you take time off to see a doctor?
1. Yes ( ) 2. No ( )

**If no, what means of support did you have?
1. Husband ( ) 2. Parents ( ) 3. Relative ( )
2. Baby's father ( ) 5. Public Welfare ( )
6. Other ( )

13. Is this your first child? 1. Yes ( ) 2. *No ( )

*If no (a) How many children to you have? _____

(b) Were any of your children delivered by a midwife? Yes ( )No (
(c) Were any of your children delivered at home.
1. Yes ( ) 2. No ( )
(d) Is there someone available to care for your children when you need to see a doctor?
1. Yes ( ) 2. No ( )
(e) Have you ever had a child that was not born alive?
1. Yes ( ) 2. No ( )

14. Number of persons living in the home _____
Specify

15. Number of adults _____
Specify

16. Number of children _____
Specify

17. Is the main breadwinner of your household
1. Male ( ) 2. Female ( )

18. How is the breadwinner of your household related to you?
1. Husband ( ) 2. Head of household ( )
3. Parents ( ) 4. Relatives ( ) 5. Boyfriend ( )
6. Friend ( ) 7. Other _____
Specify

19. Do you feel that a women should see a doctor after she becomes pregnant?
1. *Yes ( ) 2. No ( )

*If yes (a) In what month should she first see a doctor?
1. 1-3 ( ) 2. 4-6 ( ) 3. 7-9 ( )
X. Unknown ( )

20. In what month did you discover that you were pregnant?
1. 1-3 ( ) 2. 4-6 ( ) 3. 7-9 ( )

21. In what monthd did you first see a doctor?
1. 1-3 ( ) *2. 4-6 ( ) *3. 7-9 ( )

*a. What kept you from seeing a doctor earlier?

_____

_____
Specify

22. Did you know that you could get treatment at this hospital?
1. Yes ( ) 2. No ( )

23. Did you know that treatment here is provided free of charge for those who are unable to pay for it?
1. Yes ( ) 2. No ( )

24. Is it a problem for you to get to and from the hospital?
1. *Yes ( ) 2. No ( )

*If yes, _____
Specify

25. When is it most convenient for you to come to the clinic?
1. Morning ( ) 2. Noon ( ) 3. Late afternoon ( )

26. After you found out that you were pregnant, did you feel that you did not want others to know about it?
1. Yes ( ) 2. No ( )
a. How did you know that you were pregnant _____
Specify

27. After you found out that you were pregnant, how many months had passed before you told someone else?
(Months) 1. 1-3 ( ) 2. 4-6 ( ) 3. 7-9 ( )
X Unknown ( )

28. Did you run into any problems in trying to get admitted to the hospital?
1. *Tes ( ) 2. No ( )
*If yes, what were they?_____

_____
Specify

29. Do you have a Grady Hospital card?
1. Yes ( ) 2. No ( ) 3. Expired _____

30. Do you feel that you have experienced prejudice, discrimination or negative attitudes from the staff in this hospital?
1. *Yes ( ) 2. No ( )

*If yes _____
Specify

31. While at the hospital for appointments have you had to wait for a long time before seeing a doctor?
1. *Yes ( ) 2. No ( )
*If yes: How long?
(Hours) 3. 0-1 ( ) 4. 2-4 ( ) 5. 5-7 ( )
X Unknown ( )

32. Have you ever heard that it was difficult to get an appointment to see a doctor at Grady Hospital?
1. Yes ( ) 2. No ( )

33. Would you say that it is difficult to get an appointment to see a doctor at Grady Hospital? 1. Yes ( ) 2. No ( )

34. Do you mind being examined by a doctor? 1. Yes ( ) 2. No ( )

35. Interview status of this form:
1. Completed ( ) 2. Additional information needed ( )
3. Too sick ( ) 4. Refused ( )
Y._____
Specify

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